

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045432

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 318
FILE # DEC 3 1963

Primary Registration District No. 1003

Registrar's No. 11908

STATE FILE NUMBER

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2125 Benton		d. STREET ADDRESS (If outside, give location) 2125 Benton St.	
3. NAME OF DECEASED (Type or print) First Middle Last Milford R. Fiebig		4. DATE OF DEATH Month Day Year November 29 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-12-1904
10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) Tuck Printer		10b. KIND OF BUSINESS OR INDUSTRY Unemployed	9. AGE (last birthday) 58 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Henry Fiebig		13b. MOTHER'S MAIDEN NAME Alvina Meyers	
14. NAME OF HUSBAND OR WIFE Mary		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Mary Fiebig 2125 Benton St.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cor Pulmonale Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Occlusive Endopharynx 527.1 DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 1 year 5 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 12/7/62 to 11/29/63 and last saw him alive on 10/11/63 Death occurred at about 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. H. Reimer M.D.		22b. ADDRESS 3510 Central Expressway	
22c. DATE SIGNED 12-2-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 12-4-1963		23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery	
23d. LOCATION (City, town, or county) 360 Bates St.		24. NUMBER AND ADDRESS OF LOCAL REG. C. H. Meister Mortuaries 7814 S. Broadway	
25. DATE RECD. BY LOCAL REG. DEC 2 1963		26. REGISTRAR'S SIGNATURE R. Smith M.D.	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Louis E. Hoffmann

Licensed Embalmer No. 3871

P. O. Address

7814 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

City Coroner Office